

DEBTOR OR DEBTORS AGAINST WHOM 11 U.S.C. § 503(b)(9) ADMINISTRATIVE EXPENSE CLAIM IS ASSERTED AND AMOUNT ASSERTED (Check each Bankruptcy Court claim is liable for payment of such an administrative expense and enter the amount of the administrative expense claim asserted against each Debtor):

MAR 8 2010

| Debtor | Case Number | Amount of 11 U.S.C. § 503(b)(9) Administrative Expense |
|--------------------------------|-------------|--|
| Triad at LaGrange I, LLC | 09-13383 | \$ _____ |
| Triad at Jeffersonville I, LLC | 09-13384 | \$ _____ |
| Triad at Lumber City I, LLC | 09-13385 | \$ _____ |
| Triad at Powder Springs I, LLC | 09-13386 | \$ _____ |
| ✓ Triad at Thomasville I, LLC | 09-13387 | \$ _____ |

Check here if you claim that all Debtors in this Bankruptcy Case are jointly and severably liable for payment of this 11 U.S.C. § 503(b)(9) administrative expense, and attach hereto documentation supporting that claim.

1. The undersigned holds an administrative expense claim pursuant to 11 U.S.C. § 503(b)(9) in the amount identified above against the Debtor or Debtors identified above in these bankruptcy cases.

2. The consideration for this debt (or ground for this liability) owed by the Debtor is as follows:

\$272.85 for rental charges (3 months @ \$90^{.95} each)
\$18.65 for salt deliveries
\$40.00 for late charges (4 charges @ \$10.00 each)

3. The administrative expense is entitled to administrative priority under 11 U.S.C. § 503(b) and 11 U.S.C. § 507(a)(2) because:

4. A copy of the writing (invoice, purchase order, lease agreement, etc.) on which the administrative expense is founded, if any, is attached hereto or cannot be attached for the reason set forth in the statement attached hereto.

5. The amount of all payments on the administrative expense have been credited and deducted for the purpose of making this request.

6. The undersigned is aware that under 18 U.S.C. §§ 152 and 3571, the penalty for presenting a fraudulent claim in a bankruptcy case includes a fine of up to \$500,000 or imprisonment for up to five years, or both.

WHEREFORE, the undersigned requests that the Court allow the administrative expense or expenses requested herein, to be paid in accordance with the priorities set forth in the Bankruptcy Code and based upon availability of funds.

Dated: Feb. 5, 2010.

Name of Claimant: A-Plus Water Solutions, Inc

Signed: Bobbie Murrell, Office Manager

By (if appropriate): _____

As Its (if appropriate) _____

INSTRUCTIONS:

Mail the completed form to the Clerk of the United States Bankruptcy Court, 18 Greenville Street, Second Floor, Newnan, Georgia 30263, with a copy served on Gregory D. Ellis, Lamberth, Cifelli, Stokes, Ellis & Nason, P.A., 3343 Peachtree Road NE, Suite 550, Atlanta, GA 30326.

| UNITED STATES BANKRUPTCY COURT | | PROOF OF CLAIM | | | | | | | | | | | | | | | | |
|---|---|--|---|-------------|----------------|-------------|---|----------|---|----------|---|----------|---|----------|--|----------|--|--|
| <p>Indicate the Debtor against which you assert a claim by checking the appropriate box below. (Check only one Debtor per claim form) IF YOU HAVE CLAIMS AGAINST MORE THAN ONE OF THE DEBTORS, YOU MUST COMPLETE AND SUBMIT A SEPARATE COPY OF THIS FORM FOR EACH DEBTOR AGAINST WHOM YOU HAVE A CLAIM.</p> <table> <tr> <td><input type="checkbox"/> Name of Debtor</td> <td>Case Number</td> <td>Name of Debtor</td> <td>Case Number</td> </tr> <tr> <td><input type="checkbox"/> TRIAD AT LAGRANGE I, LLC</td> <td>09-13383</td> <td><input type="checkbox"/> TRIAD AT POWDER SPRINGS I, LLC</td> <td>09-13386</td> </tr> <tr> <td><input type="checkbox"/> TRIAD AT JEFFERSONVILLE I, LLC</td> <td>09-13384</td> <td><input checked="" type="checkbox"/> TRIAD AT THOMASVILLE I, LLC</td> <td>09-13387</td> </tr> <tr> <td><input type="checkbox"/> TRIAD AT LUMBER CITY I, LLC</td> <td>09-13385</td> <td></td> <td></td> </tr> </table> | | | <input type="checkbox"/> Name of Debtor | Case Number | Name of Debtor | Case Number | <input type="checkbox"/> TRIAD AT LAGRANGE I, LLC | 09-13383 | <input type="checkbox"/> TRIAD AT POWDER SPRINGS I, LLC | 09-13386 | <input type="checkbox"/> TRIAD AT JEFFERSONVILLE I, LLC | 09-13384 | <input checked="" type="checkbox"/> TRIAD AT THOMASVILLE I, LLC | 09-13387 | <input type="checkbox"/> TRIAD AT LUMBER CITY I, LLC | 09-13385 | | |
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| <p>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p> | | | | | | | | | | | | | | | | | | |
| <p>Name of Creditor (the person or other entity to whom the debtor owes money or property): A-Plus Water Solutions, Inc</p> | | <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. | | | | | | | | | | | | | | | | |
| <p>Name and address where notices should be sent: A-Plus Water Solutions, Inc 19981 US Hwy 84 E Boston, GA 31626</p> | | Court Claim Number: _____ <i>(If known)</i> | | | | | | | | | | | | | | | | |
| <p>Telephone number: 229/498-2042</p> | | Filed on: _____ | | | | | | | | | | | | | | | | |
| <p>Name and address where payment should be sent (if different from above): MAR 8 2010</p> | | <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of Statement giving particulars. | | | | | | | | | | | | | | | | |
| <p>Telephone number: M. Regina Thomas, Clerk</p> | | <input type="checkbox"/> Check this box if you are the debtor or trustee in this case. | | | | | | | | | | | | | | | | |
| <p>1. Amount of Claim as of Date Case Filed: \$ 351.50</p> | | <p>5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.</p> | | | | | | | | | | | | | | | | |
| <p>If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.</p> | | <p>Specify the priority of the claim:</p> | | | | | | | | | | | | | | | | |
| <p>If all or part of your claim is entitled to priority, complete item 5.</p> | | <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). | | | | | | | | | | | | | | | | |
| <p><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.</p> | | <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). | | | | | | | | | | | | | | | | |
| <p>2. Basis for Claim: Rentals of 2 water softeners + salt <i>(See instruction #2 on reverse side.)</i></p> | | <input type="checkbox"/> Contributions to an employee benefit plan–11 U.S.C. §507(a)(5). | | | | | | | | | | | | | | | | |
| <p>3. Last four digits of any number by which creditor identifies debtor: _____</p> | | <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). | | | | | | | | | | | | | | | | |
| <p>3a. Debtor may have scheduled account as: _____ <i>(See instruction #3a on reverse side.)</i></p> | | <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(8). | | | | | | | | | | | | | | | | |
| <p>4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.</p> | | <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a) _____. | | | | | | | | | | | | | | | | |
| <p>Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other Describe: _____</p> | | <p>Amount entitled to priority: \$ _____</p> | | | | | | | | | | | | | | | | |
| <p>Value of Property: \$ _____ Annual Interest Rate: % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____</p> | | <p>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</p> | | | | | | | | | | | | | | | | |
| <p>6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.</p> | | | | | | | | | | | | | | | | | | |
| <p>7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)</p> | | | | | | | | | | | | | | | | | | |
| <p>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</p> | | | | | | | | | | | | | | | | | | |
| <p>If the documents are not available, please explain: _____</p> | | | | | | | | | | | | | | | | | | |
| 2/5/10 Date: | Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. | | | | | | | | | | | | | | | | | |
| SIGNATURE: <i>Bobbie Murrell</i> | PRINT NAME/TITLE: <i>Bobbie Murrell Office Manager</i> | FOR COURT USE ONLY | | | | | | | | | | | | | | | | |

10:21 AM

02/17/10

Accrual Basis

A Plus Water Solutions, Inc.

Customer Open Balance

December 1, 2008 through September 22, 2009

| Type | Date | Num | Memo | Open Balance | Amount |
|---------------------------|-----------|---------|---------------------------------|---------------|---------------|
| Triad Center | | | | | |
| Invoice | 12/1/2008 | 21947 | December - 2008 - Rental Charge | 90.95 | 90.95 |
| Invoice | 4/1/2009 | FC 1020 | Invoice | 10.00 | 10.00 |
| Invoice | 7/1/2009 | FC 1234 | Invoice | 10.00 | 10.00 |
| Invoice | 8/1/2009 | 23497 | Monthly Rental | 90.95 | 90.95 |
| Invoice | 8/3/2009 | FC 1300 | Invoice | 10.00 | 10.00 |
| Invoice | 8/28/2009 | 23704 | Salt ticket # 11903 | 33.71 | 33.71 |
| Invoice | 8/28/2009 | 23705 | Salt ticket # 11904 | 44.94 | 44.94 |
| Invoice | 9/1/2009 | 23678 | Rental | 90.95 | 90.95 |
| Invoice | 9/1/2009 | FC 1348 | Invoice | 10.00 | 10.00 |
| Total Triad Center | | | | 391.50 | 391.50 |
| TOTAL | | | | 391.50 | 391.50 |

*A-Plus Water Solutions, Inc.
19981 U.S. Hwy 84 E.
Boston, GA 31626
229-498-2042*

January 9, 2007

*Triad Center
120 Skyline Dr.
Thomasville, Ga 31757*

Attention: Maggie Sudduth

Dear Maggie,

The Triad Center is currently utilizing two (2) A-Plus Water Solution's Inc. Kinetico water softeners. The units are located in the kitchen and laundry areas, and were previously rented by the Brain Center. The rental rate for the laundry room water softener is \$53.50/mo. (\$50/mo plus applicable sales tax), and the rental rate for the kitchen water softener is \$37.45/mo. (\$35/mo plus applicable sales tax).

Salt is delivered every six to eight weeks in order to maintain the units. The salt rate is \$9.50 per 60 lb. bag. A salt ticket (invoice) is signed by the maintenance man, and is forwarded to Accounts Payable for payment. Please reference the salt ticket numbers on each check to ensure each payment is posted correctly. Attached, please find a copy of the December & January rental invoices along with two pending salt tickets. The sales tax in Thomas County was increased to 7% effective January 1st, 2007, so the January rental invoices reflect this increase.

ymd

*Rental invoices are sent out by the first day of each month and are due upon receipt. Net 30
Please sign the signature line below, and return this letter to our office to indicate your acceptance of the terms and conditions of this rental agreement. We look forward to our future working relationship with the Triad Center.*

Sincerely,

Trish Heinze

*Trish Heinze
Office Manager
A-Plus Water Solutions, Inc.*

I have read this letter and accept the payment terms of this agreement.

Maggie Sudduth
Maggie Sudduth

2-1-07
2-1-07
Date